ELECTRICAL CONTRACTOR EXAMINATION

IMPORTANT INFORMATION

PLEASE READ THIS INFORMATION THOROUGHLY

The examination is 40 multiple-choice questions, with a 1-1/2-hour time limit, and requires a score of 75% or above to pass. The examination covers information from: Public Act 217, Public Act 230, Public Act 497, Michigan Electrical Code Rules Part 8, and the Electrical Administrative Board General Rules.

The bureau will supply the above referenced material at the examination. You will not be allowed to bring in your own. However, if you wish to preview the material you can download them from the Internet using the information provided below.

GO TO: www.michigan.gov/bcc

CHOOSE: FORMS

SCROLL DOWN TO THE ELECTRICAL DIVISION:

UNDER RELATED ACTS AND RULES YOU SHOULD PRINT:

Act 217 of 1956

Act 230 of 1972

Act 497 of 1980 - Construction Lien Fund

Electrical Administrative Board General Rules

Electrical Code Rules (Michigan Part 8)

Examination results are sent to you approximately 30 days after the examination. DO NOT CALL FOR RESULTS, THEY CANNOT BE GIVEN OVER THE TELEPHONE, AND WILL ONLY SLOW DOWN THE PROCESS.

If you receive an admission card and are unable to attend the examination and would like to be transferred to another test date: Return the admission card with a cover letter indicating another date/location either prior to the exam or within 10 days after the examination. **IF NOT SENT BY 10 DAYS AFTER THE EXAMINATION THE \$100 FEE WILL BE FORFEITED.**

If you pass the examination, an application for licensure and information packet will be sent with your results.

If you fail the examination an application will be sent for you to reapply.

GENERAL INFORMATION

Contractor licenses are issued in 3-year cycles, everyone is on the **same** 3-year cycle, therefore, the fee is prorated depending on which year of the cycle we are in.

The fee for an Electrical and Fire Alarm Contractor license is \$300.00 for the full 3-years, \$200.00 in the 2^{nd} year of licensing, and \$100.00 in the 3^{rd} year.

The fee for a Sign Specialty Contractor license is \$200.00 for the full 3-years, \$134.00 in the 2^{nd} year of licensing, and \$67.00 in the 3^{rd} year.

1980 PA 497, the Construction Lien Act: For Electrical and Fire Alarm Contractors there is also a mandatory membership fee of \$10.00 upon initial licensure and a \$10.00 fee for each year of license renewal for deposit in the Homeowner Construction Lien Recovery Fund.

Agency Use Only

Application for Electrical/Fire Alarm/Sign Contractor Examination

Michigan Department of Energy, Labor & Economic Growth Bureau of Construction Codes / Electrical Division P.O. Box 30255, Lansing, MI 48909 517-241-9320

517-241-9320 www.michigan.gov/bcc

Examination Fee: \$100.00 (nonrefundable	e)			
Authority: 1956 PA 217 Completion: Necessary For Examination Consideration Penalty: Application Cancelled and Fee Forfeited	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.			
 Instructions: Complete and sign application. Type Application and fee must be receive Enclose a check made payable to the Mail completed application and payable 	d 20 business days	an.	n date.	
Examination Requested				
☐ Electrical Contractor ☐ Fire Al	rical Contractor Fire Alarm Contractor			lity Electrical Contractor ory, schools, hospital, etc.)
Applicant Information				
NAME (Last Name, First Name, Middle Initial)		DATE OF BIRTH	XXX-XX	TS OF SOCIAL SECURITY NUMBER*
ADDRESS	CITY		TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE	E NUMBER (Include Area Code)
Current Status			l	
Have you previously applied to take the N Are you currently licensed as an electrica	l/fire alarm/sign conti	ractor in Michigan or any o	ther state?	Yes □ No Yes □ No
Contractor License No.	ontractor License No State			
Examination Sites Examinations are given at the sites list Examinations" for examination dates. Ple month. If approved for examination, an acceptance of examination you have selected is full, you	ase check below the dmission card will be will be scheduled fo	site you wish to be examine mailed to you approximate	ed at and indicate a y 10 days prior to t	preference of examination he examination date. If the
Preferred Site Prefe ☐ Lansing	erred Month			
☐ Escanaba				
If you have a disability and require an professional (education professional, doctest accommodation. Forms are available	tor, psychologist, ps			
Certification and Signature				
I certify the information provided is true an for rejection of application or revocation o		st of my ability. I further und	erstand falsification	n of any statement is cause
APPLICANT'S SIGNATURE			DATE	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.